•	CAMP	AIGN CONTRIB	UTIONS AND EX	PENSES	REPO	RT	0	5	tate of Nevada
•	DEB Name (pr	ORAH J.	Lippis Lippis dipode	Office (if	applicable	7 Me	reace,	LAS VEGAS	strict (if applicable)
	LIP	D CO. CIAR	u zib wuei	ic Ju:	57 /28		102 - 67/		
	E-Mail Ad Select A	oress opropriate Box(es)	CANDIDATE [	PAC [	BAG	POL PI	RTY   IND E	XP NONPROFIT	CORP
			□ AMENDED 5	ANNUAL	FILING [	PETITION OR EX	ONERS WHO INT PEND FUNDS IN	TIATE/CIRCULATE PE EXCESS OF 10K	TITION & RECEIVE
•	K		Due January 15, 2005 - December 31, 2				•		······
		Report #1 Di	ue August 8, 2006 2006 — Aug 3, 2006						
		Report #2 Due	— October 31, 200 2006 — Oct. 26, 2006	06*					
			January 15, 200 , 2006 Dec. 31, 2006						
			- <b>Due January 15,</b> y 1, 2006 – Decemb		06			FOR OFF	ICE USE ONLY
	· * T	hese Reports are	filed by incumbe	nts/candic at Filing i	dates ru f candid	inning fo	r office in the filed Report	2006 election cy Nos. 1 and 2	
	,	CONT	RIBUTIONS SUMM	MARY				This Period	Cumulative From Boginning of Report Period #1 through End of This Reporting Period
	1	Total Monetary Contr (See page 1 of ins	ibutions Received in Extruction sheet)	coess of \$100	0				
	2	. Total Monetary Contr (See page 2 of ins	ributions Received of \$1 struction sheet)	100 or Less					
	3		tributions in the form of of instruction sheet)	loans guara	nteed by a	s third			
	4	. Total Monetary Coni (See page 2 of inst	tributions in the form of	loans that w	ere forgive	en .			
			•		This Peri	i <b>od</b> (	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
	6	Received (Add Lines 1 throug Total Amount of Wri Contributions (When contribution (monetary o (See page 2 of instruct)	commitment is funded, repor r in kind))	ection sheet) rt as ved in					
				EX	(PENSE	S SUMM	ARY		
		(See page 2 of Ins						#2,153	03
		See page 2 of ins	•					383	90
		(Add Lines 8 and 9) 11. Total Value of In K	All Monetary Expense (See page 2 of Institute in Excession Section and Institution and Institution and Institution and Institution and Institution Ins	struction she S	et)	1		* 2,536	93
	( (	<ol><li>Disposition of Uns Only reported on Re</li></ol>	pent Contributions port #3 , <u>Annual Repo</u> onth after candidates ( run for reelection)	rt or 15th	# 4	1,85	1 4la		
ORIGINA	L				AFFIR	RMATION	1	<del>-</del>	
,		Declare Under Pe ノクナ	nalty of Perjury Ti	hat the Fo	regoing	is True	and Correct.	1/12/21	
		Shypis						1/13/06 Date	
	EL201.d	oc oc		Revised: Se	p-05		P	AGEOF_	3

DEBORAH J. LIPPIS Justice of the Peace,
Name (print)
Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
SENIORS United 1155 E. TWAIN AVE. 108-177 LAS VEGAS, NY 89 109	0/5	1/5/05	# 220.00
DEBORAHJ. LIPP'S 200 Lewis Ave. LAS Vegas, NV 89155	A	1/10/05	# 128.97
Judy Krause 200 Lewis Ave. LAS Vegas, NV 89155	A/H	4/5/05	# 100.00
Douglas Smith 200 lewis Ave. Las Vegas, NV 89155	A/H	4/25/05	¥ 94.07
DiBella 2021 W. Chankson Blvd. LAS VegAS, NV 89102	A/H	4/25/05	<sup>#</sup> 54.83
FACT 1050 S. RainBow Blud. LAS VOGAS, NV 89145	Н	6/8/05	* 75.00
CCBA 725 S. Eighth St. LAS VEGAS, NV 89101	Н	7/14/05	4 125.00
Woman's Democratic CUB P.O. Box 759 LAS VEGAS, NV 89125	0/5	7/14/05	4 60.00
C. Swift-Robertson 10965 Santorini Dr. Las Vegas, NV 89141	A	11/1/05	\$ 200.00
C. Swift - Robertson 10965 Santorial Dr. Las Vegas, NV 89141	A	11/4/05	*1,004.06
Nicole Swyt. 10965 SANTORINI Dr. LAS Vegas, NV 89141	А	11/4/05	4 175.00
James Bixler 200 Lewis Ade. Las Vegas, NV 89155	A/H	11/10/05	<b>#</b> 3 <i>00.00</i>

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Name (print)

Office (if applicable)

District (if applicable)

## **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	j

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.